



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY
2545 Lawrenceburg Road, Frankfort KY 40601
Phone: (502) 564-8963 Fax: (502) 564-4687



EMERGENCY MEDICAL SERVICES INSTRUCTOR INITIAL CERTIFICATION APPLICATION

Fill in all Blanks that Apply

Level I _____ Level II _____ Level III _____

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma _____ GED Certificate _____ Other Education: _____

Name of Employer: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Fax Number: _____

Office Use Only:

Check# _____

M.O.# _____

Amount \$ _____

Date Cert. _____

Cert. # _____

Exp. Date _____

(in which EMT Instructor completed Teaching Internship)/(e.g. Assisted as an EMT-B Instructor Candidate)

Name of Supervising Lead EMT-B Instructor for EMT-B Course: _____

NAME OF EMS EDUCATION INSTITUTION(S): _____

COURSE COMPLETION DATE: _____

All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you ever been convicted of a misdemeanor or DUI? No _____ Yes _____
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Have you ever been in default on any school loans? No _____ Yes _____
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as an First Responder, EMT, Paramedic, Registered Nurse or Physician, restricted, revoked, denied, suspended or expired? No _____ Yes _____
7. Have you at any time had any instructor certification restricted, revoked, denied, or suspended? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No _____ Yes _____
9. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No _____ Yes _____
10. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No _____ Yes _____

If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statement, if applicable.

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant

Date



"An Equal Opportunity Employer M/F/H